

Immunization Quiz

Read every question completely. Type or clearly print the letter of the correct answer on page 2, under **ANSWERS** and complete the provider information. You will need to e-mail page 2 of this form back to hhsiz@mt.gov or fax to (406) 442-4848. You should receive an email response from the Immunization Program within 5 business days regarding your scores. You can only miss 3 questions in order to pass. Good Luck!

1. What vaccine(s) is allowed for a religious exemption in a child care facility?
A. Varicella B. MMR C. Hib D. All of the above
2. What form(s) used in a child care facility must be notarized yearly?
A. Conditional Form (HES-103A) B. Religious Form (HES-114) C. Certificate of Immunization (HES-101)
3. A child care center has how many days to correct non-compliant records and bring the child back up to date?
A. 7 days B. 5 days C. 10 days D. 14 days
4. On the Certificate of Immunization (HES-101), the medical exemption section can only be filled out by whom?
A. Chiropractor doctor B. Naturopathic doctor C. Medical doctor D. All of the above
5. Child care providers are required to make a copy of the Conditional Attendance form (HES-103A) and submit it to the local county health department.
A. True B. False
6. If a parent verbally states their child had chickenpox and was not clinically confirmed, and the laboratory test does not confirm immunity, does the child need to still receive a varicella shot in order to attend the child care facility?
A. No, because the parent's word is acceptable B. Yes, because there is no proof of immunity
7. What disease can be easily transmitted from adult to an infant without even knowing it?
A. Tetanus B. Polio C. Pertussis (Whooping cough) D. All of the above
8. What vaccination does the Center for Disease Control (CDC) strongly recommend that everyone greater than 6 months of age should have every year?
A. Varicella (Chickenpox) B. Pertussis (Whooping Cough) C. Polio D. Influenza (Flu)
9. A child seeking to attend a child care facility is not required to have any immunizations which are medically contraindicated. A written and signed statement from a physician will exempt a person from the applicable immunization requirement.
A. True B. False

10. Child care providers need to allow the local public health department access to review all immunization records.
A. True B. False
11. Hib (Haemophilus Influenzae type B) is not required or recommended for children _____.
A. 6 months and older B. 5 years and older C. 8 years and older D. 10 years and older
12. The Montana State Immunization Program encourages all child care providers to develop a written immunization policy to ensure routine assessment of all enrolled children.
A. True B. False

You must fill out this portion in order to receive your scores and certificate.

Please fax or email only this page.

Please type or print clearly:

ANSWERS:

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Provider Information:

First Name: _____ Phone# _____ PS# _____

Last Name: _____ Date completed _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Name of child care facility: _____

MT Immunization use only:

Corrected by (initials): _____

Provider passed: Y/N _____

Date Certificate mailed: _____